



SAFETY BELT WAIVER

PHYSICIAN'S CERTIFICATION OF DISABILITY

THIS WAIVER IS PROVIDED BY THE WV DMV FOR DRIVERS WITH DISABILITIES THAT PREVENT THE APPROPRIATE RESTRAINT AND USE OF A SAFETY BELT. THE WV DMV DOES NOT CERTIFY NOR RETAIN ANY COPIES OF A DRIVER'S SAFETY BELT WAIVER. THE DRIVER IS REQUIRED TO KEEP THIS WAIVER WITH THEM AT ALL TIMES WHEN THEY ARE DRIVING. IF STOPPED BY A LAW ENFORCEMENT OFFICER, THE DRIVER IS REQUIRED BY LAW TO SHOW THIS WAIVER.

The driver completes the information under PART I and visits a licensed U.S. physician for examination and certification under PART II. After the physician's certification, the driver must have this waiver every time they drive AND maintain any additional copies in case they lose the original waiver.

PART I • TO BE COMPLETED BY THE DRIVER

Driver's Information

Name _____ Daytime Phone (____) ____ - ____

Address _____
STREET ADDRESS CITY COUNTY STATE ZIP

Driver's License or ID card Number **W** **V** _____ LAST 4#s OF SSN _____ Birth Date ____/____/____

PART II • TO BE COMPLETED BY A LICENSED U.S. PHYSICIAN AND RETURNED TO THE DRIVER

Physician's Statement and Certification

THIS CERTIFICATION IS: ☐ Permanent ☐ Temporary • Duration of waiver period is from ____/____/____ to ____/____/____

A). Describe the nature of the driver's physical disability: _____

B). Explain why that restraint by a safety belt is inappropriate: _____

C). If there is an alternate restraint system that you require to be used by the driver, please describe it below: _____

I have examined the driver named above and hereby certify that they have a physical disability which prevents the use of a safety belt in accordance with West Virginia Code §17C-15-49(b).

Physician's Name (Please print in ink or type)	Medical License Number	Medical License Expiration Date	/	/
Business Address	City	State	Zip	
Signature (X)	Date	Telephone Number	()	-

NOTICE TO ALL LAW ENFORCEMENT AGENCIES AND OFFICERS

If this waiver is completed in full and signed/certified by a U.S. licensed physician. If complete it shall serve as a wavier to the motor vehicle safety belt requirements, as prescribed by West Virginia Code §17C-15-49(b).

The information contained on this form is subject to verification by a law enforcement officer.